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Manual on social
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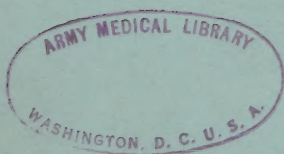
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1359

State of Connecticut

MANUAL ON SOCIAL PROTECTION



THIRD EDITION

CONNECTICUT WAR COUNCIL
April, 1944

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MANUAL ON SOCIAL PROTECTION



THIRD EDITION

CONNECTICUT WAR COUNCIL. *Committee on*
April, 1944 *social protection*

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The first two editions of this manual were published under the title MANUAL ON VICE CONTROL.



8 12-24-46

Compiled by the
Law Enforcement and Industrial Health Divisions
of the
Committee on Social Protection
of the
Connecticut War Council
in cooperation with the
Committee on Criminal Procedure
of the
Assembly of Municipal Court Judges

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FOREWORD

When the War Department called for the elimination of prostitution as a health hazard to the armed forces and war workers, it issued a direct challenge to the police and court officials of each state. To meet this challenge, the Connecticut War Council organized a Committee on Social Protection. It is the purpose of this committee to coordinate the efforts of all of the agencies working on various phases of this problem and thus reduce the spread of venereal disease in the state. There are four major points of attack, the educational, industrial, law enforcement and rehabilitation. The committee has been divided into four units each one organized for action in one of these fields.

The vital task of repressing commercialized vice, conceded by public health authorities to be the main source of infection, is assigned to the Law Enforcement Division. With the cooperation of the Criminal Procedure Committee of the Assembly of Municipal Court Judges, that division has compiled this pocket manual for ready reference.

The first two editions of this manual were compiled for the use of the law enforcement and health officials. It has been widely used. The Division on Industrial Health is about to launch a statewide educational campaign in our industries and feels that the manual would also be of material use to employers, personnel directors, plant physicians and industrial health nurses. We have, therefore, added a brief chapter containing the seven point plan of venereal disease control in industry, recommended by Surgeon General Thomas Parran of the United States Public Health Service, and have prepared this third edition for wider distribution.

As the work of the Committee on Social Protection enters its third year, we appreciate even more fully how essential it is for all of the forces within the State to join with the Health Officials in an ever broadening program of education and prevention of the spread of venereal dis-

eases for it is not enough to disclose, treat and cure. We must educate and prevent, if we are to control the spread in the future.

To this end, Connecticut, in 1935, led the other states in the passage of a premarital blood test requirement. A prenatal blood test regulation soon followed. In 1943, we secured a presentence mandatory venereal disease examination upon all persons arrested in vice cases.

In 1944, the Industrial Health Division embarked upon a statewide campaign of voluntary preemployment examinations which include blood tests. The unanimous endorsement by all organized management and labor groups received by the Committee, insures the same type of earnest cooperation in this far reaching program, that we enjoyed in the field of law enforcement.

WILLIAM M. MALTBY, *Chairman*
Committee on Social Protection
of the
Connecticut War Council

Management and Labor unite to forward a Venereal Disease Control Program in Connecticut.

If it is to succeed, a venereal disease control program in industry must be fully understood and fully accepted by all groups and individuals who are concerned in its operations. Understanding and acceptance of the purposes and plans of a control program can be gained through a comprehensive educational program. An educational program makes possible unity of purpose and coordination of action among employees, industrial management, and the industrial medical service. It is essential, therefore, that effective educational work be done before the actual control program is put into operation.

Through education, employees can be brought to realize that the finding and treating of venereal diseases among workers safeguard their health and earning capacity, that results and records of medical examinations will be treated as confidential between the workers and the medical staff, and that workers with venereal disease symptoms will not arbitrarily be denied employment or discharged if they agree to place themselves and remain under competent medical management.

Education will show employers the fairness and wisdom of an enlightened venereal disease policy and program. Employers should realize that there is no reason for denying employment to an applicant, or for discharging a worker because examination has revealed evidence of syphilis or gonorrhea, provided that certain common-sense policies are followed.

The following seven point program is recommended for Industry by Surgeon General Thomas Parran of the United States Public Health Service:

1. Routine blood tests should be made on all employees at times of reexamination.
2. Routine blood tests should be made on all applicants for employment.
3. Patients with syphilis, if noninfectious, should be kept in employment and also accepted for work provided they agree to take the necessary treatment for syphilis. Those refusing treatment must be referred to the local health departments.

4. All persons with syphilis found by blood testing should be referred to the family physician for confirmation of the diagnosis and for treatment of the disease. If the worker is unable to pay for this service, he should be referred to clinics where diagnosis and treatment are available.

5. Strict confidence must be maintained between the plant physician and the worker regarding his condition.

6. Cases should be followed up by the plant physician and his staff to assure that the patient continues treatment and that adequate treatment is being received. If facilities are available, health departments may assist in the follow-up of cases.

7. An educational program should be developed which will teach the employees the facts about venereal diseases, how they are contracted, how they are spread and how they may be cured. The educational program should include information concerning prophylaxis.

Program is endorsed by:

Mr. A. C. Fuller, Chairman of the Manufacturers Committee of the War Council, and President of the Connecticut Manufacturers Association, who in a letter to the employers of the state said, "In conjunction with the accelerated program of the State Health Department, the Social Protection Committee has been actively at work on this problem in the field of law enforcement and rehabilitation since the outbreak of the war. We feel that we should now urge your active participation in an effort to increase the number of workers who are taking pre-employment examinations including the blood test for syphilis. This plan is urged strictly as a preventive health measure, and there is no intent to deprive a man or woman found to be infected of the right to work. The sole purpose is to place them under adequate treatment at once, so that there will be no further spread of the disease. In order that all may be effectively treated, the State Health Department and the larger municipalities of the State have set up a network of free clinics and treatment stations, where persons unable to pay for private care may be confidentially treated."

The Connecticut Federation of Labor, whose Secretary, Mr. John J. Egan, in a letter to all affiliated groups, said, "I trust you will give this program the widest possible publicity. At a called meeting of the labor unions in Bridgeport under the auspices of the Bridgeport Central Labor

Union, we had the opportunity of hearing Chief Justice Maltbie speak on the control of venereal disease and pre-employment examinations. At that time a number of questions were asked by those in attendance, and the entire atmosphere cleared as to what was meant by pre-employment examinations as well as what was meant by the control of venereal diseases. When he concluded his address, the body went on record unanimously supporting the program.

This in itself should point the way for every community in the State of Connecticut to have the full endorsement of the American Federation of Labor local unions of this program.

I am going to call upon each Central Labor Union in the State of Connecticut, in another letter, to appoint one of its members to take an active part in the community program for preemployment examinations and elimination of venereal disease."

The Connecticut State Industrial Union Council, whose Secretary, John J. Driscoll, in a letter to Chief Justice Maltbie, said,

"The Executive Board of the Connecticut State CIO Council has voted unanimously to endorse the program of your committee for the prevention and treatment of venereal disease among the industrial workers of this state.

The Board heard this program outlined by Mr. Robert E. Webster at a meeting on Saturday, January 29th, and voted to endorse the program as well as to urge full support by all our local unions throughout the state."

Mr. J. Dewey Dorsett, Assistant General Manager of the Association of Casualty and Surety Executives, who in a letter addressed to Chief Justice Maltbie said: "The work of the Committee on Social Protection appointed by the Connecticut War Council, of which Committee you are Chairman, has been brought to the attention of this Association, which is composed of sixty-one capital stock casualty and surety companies.

We regard the work as most comprehensive and practical and we believe that the adoption of this program by industry generally will be a most potent factor in bringing venereal disease under control.

We believe in the worthwhileness of such a program and shall therefore suggest to our member companies of this Association that they cooperate with your committee in the promotion of the broad principles of the program."

POLICE COOPERATION ON SOCIAL PROTECTION

We, the members of the Connecticut Chiefs of Police Association, whole-heartedly endorse and pledge our full cooperation and loyal support to the Committee on Social Protection of the Connecticut War Council, to combat the spread of venereal diseases in the state.

We recommend that the extension of police court examining facilities be promoted in all cities and towns having organized police departments and in such communities as are dependent upon the State Police Department for police protection.

We urge that all such cases be given prompt attention and full consideration by the prosecuting officials when police reports indicate that the conduct of the accused discloses promiscuous sexual relationships.

We shall respect the confidential sources of information furnished to us by local and state health authorities.

To successfully aid the war effort, the members of this association resolve to lend every aid, every effort, and all of our resources to keep the members of the armed forces, the thousands engaged in war production industry, and all the residents of this state physically fit to enjoy the fruits of victory.

THE CONNECTICUT CHIEFS OF POLICE ASSOCIATION

CHAPTER I

Reliability of Clinical Signs and Laboratory Tests in Cases of Venereal Disease

SYPHILIS

The diagnosis is based on

- A. Clinical evidence
- B. Laboratory tests
 - 1. Dark field examination
 - 2. Blood tests
 - (a) Complement fixation tests
 - (b) Precipitation tests

The original Wassermann, modifications of this, and the Kolmer tests are the best known examples of complement fixation tests.

The Kahn, Klein, Hinton, and Mazzini tests are examples of precipitation tests.

Most large laboratories perform one complement fixation and one precipitation test on all specimens.

A diagnosis may be made on one of the above or a combination of them.

Instead of the time-honored and complicated system of primary, secondary, and tertiary syphilis it will simplify matters and be better for this purpose to speak of *early* and *late* syphilis.

Early syphilis is *infectious*.

Late syphilis is *non-infectious*.

Early syphilis gives clinical evidence of its presence in almost all cases.

Late syphilis gives clinical evidence of its presence in only the minority of cases.

The courts must depend on the medical profession for the recognition and interpretation of the clinical signs.

Merely to enumerate them, they are: a primary sore or ulcer (chancre) which does not have to be on the genitals but may occur on any part of the body, a generalized

eruption, mucous patches in the mouth, moist papules about the genitals, wart-like growths (condylomata) about the genitals and anus, and loss of the hair in a "moth-eaten" pattern. All these are signs of early syphilis.

Most of the signs of late syphilis are referable to changes in the internal organs of the body. Disorders of the eye, difficulty with coordination, stance and locomotion, heart failure, aneurysm of the large blood vessels, and bone changes are the commoner ones. In addition, patients with late syphilis may have nodules and ulcers of the skin. Only a trained medical observer can recognize these.

The great majority of patients with late syphilis give no clinical evidence of their infection.

In the presence of typical signs of early syphilis

A dark field examination which discloses the presence of typical spirochetes is definite evidence of early syphilis.

If the presenting lesion is a sore (chancre) the blood tests may be negative or only weakly positive. In such cases, if subsequent tests become more strongly positive it is definite evidence of early syphilis.

If the presenting lesions are any of the other early clinical signs, the blood tests will be positive if these lesions are due to syphilis.

In the presence of signs suggestive of late syphilis

A positive blood test will confirm the diagnosis.

This may be further confirmed by improvement in the patient's condition after appropriate anti-syphilitic therapy is administered.

This improvement, or lack of improvement, (if such be the case) assumes greater significance if the blood test is only weakly positive.

In the absence of any signs of syphilis

The only means of diagnosis is the blood test.

A single positive blood test is suggestive of a diagnosis of syphilis, particularly if there are any facts in the patient's previous history suggestive of such a diagnosis.

If no such facts are uncovered in the patient's history, a positive blood test is still (although to a lesser degree) suggestive of a diagnosis of syphilis.

In either case a definite diagnosis of syphilis should not be made unless the laboratory findings are confirmed by the examination of a second specimen.

In *all* cases of syphilis multiple tests are worth while.

The first clinical evidence of syphilis may appear any time from three to eight weeks after the time of infection.

In rare cases the initial lesion is not seen and the infection not discovered for an even longer period.

It is suggested that persons who have been presumably exposed to such infection be instructed to have repeated examinations at weekly intervals until three months have elapsed.

The symptoms of early syphilis disappear under proper treatment. It is even possible for them to disappear without any treatment.

Proper treatment renders the patient non-infectious with considerable rapidity.

However, the mere disappearance of the symptoms of early syphilis does not mean that the patient has become permanently non-infectious.

The patient who has had no treatment or insufficient treatment is still a potential danger as he or she may suffer an infectious relapse (reappearance of infectious lesions) at any time.

Sufficient treatment means continuous treatment for 18 months by the old standard methods of treatment.

The same results can be accomplished in five days, it appears, if the patient can be hospitalized and given continuous intravenous medication for that many days. (This is effective only in early syphilis).

Other methods for shortening the time necessary for sufficient treatment, without hospitalizing the patient, are also under investigation.

Syphilitic patients are infectious only if they have lesions of early (primary or secondary) syphilis.

They are potentially infectious if they have not had sufficient treatment.

The mere fact that a patient has a positive blood test does not make him infectious.

There are several reliable laboratory tests for syphilis but their interpretation and the correlation of them with the clinical findings by an experienced physician is of paramount importance.

GONORRHEA

The diagnosis is made on

- A. Clinical evidence
- B. Laboratory tests
 - 1. Examination of stained smears
 - 2. Culture of the organism

A diagnosis may be made on one of the above or a combination of them.

All patients with gonorrhea must be considered infectious.

The gonococcus affects only certain parts of the body. These are the genito-urinary tract, the eye, the rectum, the joints, and rarely the heart.

Purulent discharges from any of the first three locations, if caused by infection with the gonococcus, will contain living germs. Such purulent discharges are the means of spreading the infection.

Smears made from such pus, properly stained, will disclose the presence of the gonococci.

These germs can be cultured upon suitable laboratory media, giving confirmatory evidence of the presence of this infection.

In some patients the smear may be positive and the culture negative.

In some the smear may be negative and the culture positive.

In some both smear and culture may be positive.

In others both may be negative.

If any of the first three contingencies occurs the diagnosis may be considered to be established.

If the last occurs it is impossible to state definitely on the basis of laboratory tests that the patient is infected with gonorrhea. Nevertheless, an experienced physician, because of the presence of typical clinical signs, often feels certain that the patient has gonorrhea. If specific therapy brings about improvement in these clinical signs it tends to confirm such belief.

In the case of men - laboratory evidence of infection i.e., a demonstration of the bacteria which cause the infection is almost always possible unless they have recently taken tablets of the new sulfonamide drugs.

In the case of women and girls — laboratory evidence of infection is not often available. The physician must usually make his diagnosis on the history of sexual exposure plus the appearance of the internal genitals. Such a diagnosis should be accepted by the courts without support of laboratory evidence.

In *acute* gonorrheal infections of women and girls supportive laboratory evidence can often be obtained.

In *chronic* infections the best men in the country can only obtain positive information from the laboratory in 20% of all cases.

Clinical signs of gonorrhea appear from five to ten days after the time of infection.

It is suggested that persons who have been presumably exposed to such infection be kept under medical observation for a period of two weeks from the date of exposure.

Many patients with a gonorrheal infection suffer relapses shortly after apparent cures.

Every patient who has been treated for gonorrhea should be under the observation of a competent physician for one month or more after all signs and symptoms of the infection have disappeared and should be considered as potentially infectious until that time.

The laboratory procedures for the diagnosis of gonorrhea are reliable but they should be correlated with the clinical picture in order to be correctly interpreted. Such correlation and interpretation by an experienced physician is of paramount importance.

CHAPTER II

Provisions of the Sanitary Code Relating to the Prevention and Control of Venereal Disease

The Public Health Council of Connecticut shall establish a Sanitary Code to provide for the preservation and improvement of the public health. Any person who violates any provision of this Code shall be fined not more than \$100 or imprisoned not more than three months or both.¹ Any local health officer, board of health or official charged with the enforcement of the health laws shall enforce or assist in the enforcement of the sanitary code. Municipalities may retain the power to adopt sanitary regulations, but no such regulation shall be inconsistent with the sanitary code as adopted by the Public Health Council.²

DEFINITIONS³

Communicable disease. A communicable disease is a disease incited by the entrance into a body and the multiplication therein of disease-producing organisms capable of being transmitted, directly or indirectly, to other persons or animals. The term communicable disease embraces the common term contagious and infectious disease.

Contacts. A contact is a person or animal that has been sufficiently near to an infected person, animal or thing to make probable the transmission of the infectious agent to him.

Cultures. Cultures are growths of micro-organisms propagated in or upon artificial media. The material for cultures is obtained from body fluids, secretions and excretions, for the purpose of determining the presence of disease-producing organisms.

Infectious agent. An infectious agent is a living micro-organism, capable, under favorable conditions, of inciting a communicable disease.

The words germ, organism, micro-organism and infectious agent are used interchangeably.

¹Sec. 2379, Rev. of 1930, General Statutes, as amended by Sec. 854e, 1939.

²Sec. 2377, Rev. of 1930, General Statutes.

³Sanitary Code, Reg. 2.

Copies of the Sanitary Code may be secured from the Commissioner of Health, State Office Building, Hartford, Connecticut.

Isolation. Isolation consists of the limitation of the freedom of persons or animals who are presumably affected with, or carriers of, or who have been exposed to, communicable disease, and the taking of measures to secure the prompt and regular disinfection of all infected body secretions and excretions and of all infected or presumably infected materials.

Quarantine. Quarantine is a method of control intended to prevent the spread of disease, accomplished by confining persons, animals, or materials within a designated area, and excluding other persons, animals, or materials from such area.

Diseases Declared Communicable¹

Reg. 3. The term communicable disease shall include the following diseases, which are hereby declared to be infectious and communicable.

Actinomycosis	Paratyphoid fever
Amebiasis	Plague
Anthrax	Pneumonia, broncho
Botulism	Pneumonia, lobar
<i>Chancroid</i>	Poliomyelitis
Chickenpox	Psittacosis
Cholera, Asiatic	Rabies (in humans)
Conjunctivitis, infectious	Rocky Mt. Sp. Fever (East. Type)
Diphtheria (all forms)	Scarlet fever
Dysentery, bacillary	Smallpox
Encephalitis, epidemic	Streptococcus sore throat
Favus	<i>Syphilis</i>
German measles	Tetanus
Glanders	Trachoma
<i>Gonorrhea</i>	Trichinosis
Hookworm infection	Tuberculosis, pulmonary
Influenza (grippe)	Tuberculosis, other forms
Leprosy	Tularemia
Malaria	Typhoid fever
Measles	Typhus fever
Meningococcus meningitis	Undulant fever
Mumps	Whooping cough
Ophthalmia neonatorum	Yellow fever

Methods of Isolation of Certain Diseases²

Reg. 20. The local health officer upon receiving a report of a case of any of the diseases designated in this regulation shall promptly institute and maintain control during the period of communicability by the method hereinafter designated:

When the disease is

Gonorrhea

Syphilis

Tuberculosis

¹Sanitary Code, Reg. 3

²Sanitary Code, Reg. 20.

the person affected shall when necessary be isolated or restricted in accordance with statute law and specific regulations in this chapter of the sanitary code; *Provided*,

(1) when a case of any of the diseases mentioned in this regulation is under hospital care satisfactory to the health officer, quarantine restrictions and placard may be omitted.

Suspected cases of communicable disease shall be subject to the administrative procedures specified for cases of the disease until diagnosis is determined or laboratory tests required for the release of cases have been found to be negative.

Minimum Periods of Communicability Declared

Reg. 15. For the purpose of this code, the minimum periods of communicability of certain diseases are hereby declared to be as follows, and shall be observed by health authorities in controlling cases of communicable diseases:

Gonorrhea Until discharges show the absence of gonococci.

Syphilis As long as open lesions of the skin or mucous membranes exist.¹

General Measures for Control of Communicable Diseases

The local health officer, in instituting measures for the control of communicable diseases,

- (a) shall make, or cause to be made, such investigation as may be necessary for the purpose of securing data regarding contacts and, if possible, the time, place, and source of infection;
- (b) shall establish and maintain quarantine, isolation or such other measures for control as required by statute, sanitary code, or special instructions of the state department of health;
- (c) shall provide, directly or indirectly, for the instruction of persons affected, and their attendants, in the proper methods of concurrent disinfection;
- (d) shall make, at intervals during the period of communicability, inquiry or investigation to satisfy himself that the measures instituted by him for the protection of others are being properly observed;
- (e) shall introduce such other measures, consistent with the sanitary code and the instructions of the state department of health, as may be deemed advisable

¹Sanitary Code, Reg. 15.

because of wide-spread infection or threatened epidemic.¹

Control of Careless or Refractory Persons Affected with Venereal Diseases

When it comes to the attention of a health officer that a person is suffering or presumably suffering from gonorrhea or syphilis in any form and is liable to jeopardize the health of any person or persons in or on the premises occupied or frequented by the affected person, he shall immediately investigate and take proper measures to prevent the spread of such disease for the protection of public health, and he shall direct such person to report regularly for treatment to a licensed physician or to a public clinic, there to be treated until such person is free from infectious discharges. If such person in the opinion of the health officer is a menace to the public health, it shall be the duty of the health officer to order the removal of such person to an isolation hospital or other proper place, there to be received and kept until he shall no longer be a menace to public health; or to adopt such other measures as may be necessary to protect the public health.²

Examinations by Approved Laboratories may be Required

When the control or release of a case, contact or carrier of a communicable disease is dependent upon laboratory findings, the health officer may require such findings to be obtained by a state department of health laboratory or a laboratory approved by the state department of health. The health officer shall by himself or his agent secure and submit final cultures or specimens for examination.³

Presumably Exposed Persons May be Examined and Controlled

When a health officer has reasonable grounds to believe that a person or persons may have been exposed to a communicable disease, he may control them as known contacts, making such examinations and adopting such measures as he deems necessary and proper for the protection of public health and the prevention of the spreading of disease.⁴

The conviction of any person for any offense involving sexual promiscuity or illicit sex relations shall constitute

¹Sanitary Code, Regulation 18.

²Sanitary Code, Regulation 38.

³Sanitary Code, Regulation 39.

⁴Sanitary Code, Regulation 22.

reasonable grounds for a health officer to believe that that person may have been exposed to a communicable disease, and shall justify the examination and such other measures of control of that individual as are deemed necessary and proper by the state department of health for the protection of public health and the prevention of spreading of diseases.¹

It shall be the duty of the warden, or other person in charge of any prison or jail in the State of Connecticut to notify the prison or jail physician in writing within twenty-four hours upon the receipt of a prisoner who may have been exposed to a communicable disease, and of every prisoner who has been convicted of any offense involving sexual promiscuity or illicit sex relations. A routine medical examination shall be made on every prisoner whose conviction involves sexual promiscuity or illicit sex relations. Such routine medical examination shall include the taking of a blood Wassermann and Kahn test for syphilis and smear for gonorrhea, and if the prisoner is found to be infected, treatment shall be instituted as necessary.

Upon the expiration of a sentence any person having syphilis or gonorrhea whether in an infectious or non-infectious stage and in need of further follow-up treatment shall be reported to the state department of health by the attending physician giving the name, sex, age and marital status and a record of the treatment given while said person was imprisoned.²

Institutions to Report Communicable Disease

The superintendent or, if there be no superintendent, the person in charge of any hospital, dispensary or other institution having under its care or observation any person affected or apparently affected, with a communicable disease, shall report to the health officer or other health authority within whose jurisdiction such patient is, the full name, age, address and occupation of the patient, with the name of the disease. Such report shall be made by telephone, if practicable, and also in writing within twelve hours after the recognition of the disease, *Provided*,

- (a) In reporting diseases of a venereal nature, a number shall be substituted for a name unless the patient is a food handler or has failed to return for treatment while in the communicable stage of the disease when the name, address, age and occupation are to be reported. (Sec. 2422 of General Statutes.)³

¹Sanitary Code, Regulation 22A.

²Sanitary Code, Regulation 22B.

³Sanitary Code, Regulation 6.

Removal to Hospital of Certain Cases

When in the opinion of the health officer or the state commissioner of health proper isolation or quarantine of an affected person or persons, carrier, or contact is not or cannot be effectively maintained on the premises occupied by such person or persons by methods designated in this chapter, he may remove or require the removal of such person or persons to a hospital or other proper place designated by him; or he may employ such guards or officers as may be necessary to maintain effective isolation or quarantine.¹

Reports of Contagious Diseases

The following act becomes effective October 1st, 1943.²

Section 1. Each physician shall report in writing each case of cholera, yellow fever, typhus fever, leprosy, small-pox, diphtheria, typhoid fever, scarlet fever, all forms and stages of syphilis, all forms and stages of gonorrhea, chancroid or other contagious or infectious diseases occurring in his practice, to the health officer of the town, city or borough in which such case shall occur, within twelve hours after his recognition of the disease. Each case of syphilitic or gonorrheal infection or chancroid shall be reported by full name, age, address and occupation, and such reports of infected persons shall be confidential and not open to public inspection. When a person suffering from syphilis, gonorrhea or chancroid shall be employed in the handling of food or shall fail to return to his physician for observation or treatment or fail to give satisfactory evidence that he is being treated by another physician or fail to give satisfactory evidence of reasonable inability to keep the appointment, the physician shall report such patient to the local health officer giving the patient's name, address, sex, age and disease within the time hereinafter provided as follows: Within ten days after the date of a missed appointment in the case of primary syphilis, when the patient has secondary syphilis with lesions of the skin or mucous membranes or in which such lesions have been healed less than one month, when the patient has congenital syphilis with lesions of the skin or mucous membranes, when there is syphilis in a pregnant woman, and when the patient has acute gonorrhea; and within sixty days of the date of the missed appointment in all other forms or stages of syphilis and chronic gonorrhea. When a physician shall examine

¹Sanitary Code, Regulation 24.

²Chapter 325—Revision of 1943.

a patient and make the diagnosis of primary syphilis, secondary syphilis or acute gonorrhea, he shall question the patient and obtain, if possible, the source of such infection. When a physician shall be able to secure such identification, the name, address, age, sex and disease of the individual said to be responsible shall be reported for investigation and supervision to the health officer of the town, city or borough in which such source of infection is alleged to reside. The physician's name and the person reported to be a source of infection shall not be divulged to anyone and shall be held strictly confidential by the local health officer and also by the state department of health when called upon for epidemiological assistance, except as may be necessary by such health authorities in the control of syphilis, gonorrhea and chancroid. Any person who shall violate any provision hereof shall be fined not more than twenty-five dollars.

Section 2422, as amended in 1943 Sec. 515g, provides that

All cases of syphilis, gonorrhea and chancroid are now reportable by full name, address and occupation to the local health officer, such reports to be kept confidential.

Physicians shall report to the local health officer cases of syphilis and gonorrhea by name, address, etc., when

1. Patient shall fail to return to the physician for treatment
2. Patient shall fail to give satisfactory evidence that he is being treated by another physician
3. Patient shall fail to notify his physician of inability to keep an appointment —

Within ten days

1. After date of missed appointment in primary syphilis
2. In secondary syphilis when patient has lesions of skin or mucous membranes or when such lesions have been healed less than one month
3. The patient has congenital syphilis with skin or mucous lesions of membranes
4. Whenever there is syphilis in a pregnant woman
5. When the patient has acute gonorrhea.

Within sixty days of the date of missed appointment in all other forms of syphilis and chronic gonorrhea delinquent patients shall be reported by name, address, etc.

Physicians are also required to obtain whenever possible the names, addresses, etc., of sources of infections and to report same to the local health officer, such information to be held strictly confidential by the local health officer and the State Department of Health when called upon for assistance.

CHAPTER III

Venereal Disease Treatment Centers Revised to October, 1943

Individuals unable to pay for treatment of syphilis or gonorrhea may be referred to various clinics, dispensaries and treatment stations as listed below.

Clinics and Dispensaries

City	Street Address	Hours	
BRIDGEPORT Physicians: F. Riccio, M.D. P. Ambrose, M.D. H. Rosenberg, M.D.	Welfare Bldg., Wash- ington and Madison Avenues.	Syphilis: Women — Mon. and Thurs., 1:30- 2:30 P. M. Men — Tues. and Fri., 5 to 6:30 P. M.	Gonorrhea: Women — Thurs., 9-10 A. M. Men—Tues. and Fri., 5 to 6:30 P. M.
BRISTOL Physician: R. A. V. Siliciano, M.D.	110 South Street	Syphilis: Men and Women — Daily 10-11 A. M.; 2-4 P. M.; 7-8 P. M.	
GREENWICH Physician: A. B. Gates, M.D.	Greenwich Hospital Association, William Street	Syphilis: Men, Women and Children — Mon., 10:30 A.M., 8 P. M.	Gonorrhea: (Acute Cases to Municipal Hosp.)
HARTFORD Physicians: D. E. Shea, M.D., Director C. MacMinigal, M.D.	Board of Health Clin- ics, Central Bldg., 488 Main Street.	Syphilis: Men and Women Tues. and Sat., 10 A. M.-12 noon Women — Mon. and Thurs., 5-7 P. M. Men — Tues. and Fri., 5-7 P. M. Children — Sat., 10 A. M.-12 noon	Gonorrhea: Men and Women Tues. and Sat., 10 A. M.-12 noon Women — Mon. and Thurs., 5-7 P. M. Men — Tues. and Fri., 5-7 P. M. Children — Sat., 10 A. M.-12 noon
HARTFORD Physicians: H. S. Backus, M.D. A. K. Davenport, M.D.	Dispensary, 56 Win- throp Street.	Syphilis: Men, Women and Children — Tues., 8:30-9:30 A. M.	Gonorrhea: Women and Children—Mon., Wed. and Fri., 8:30-9:30 A. M.
HARTFORD Physicians: Harry Bailly, M.D. B. Salvin, M.D. M. C. Fleisch, M.D. C. W. O'Neill, M.D. F. E. Kunkel, M.D.	Municipal Hospital Out-Patient Depart- ment, 4 Holcomb St. (City Cases Only)	Syphilis: Men and Women Wed., 8:30 A. M.	
HARTFORD Physicians: J. F. Rooney, M.D. J. G. Uricchio, M.D.	St. Francis Hospital Out-Patient Depart- ment, 114 Woodland Street.	Syphilis: Men, Women and Children — Tues., 9:30 A.M.-12 noon	
MERIDEN Physician: D. J. Cohen, M.D.	Meriden Hospital, 181 Cook Avenue.	Syphilis: Men and Women Wed., 4-5 P. M.	

MIDDLETOWN Physician: M. L. Palmieri, M.D.	51 Broad Street.	Syphilis and Gonorrhea: Women and Men —Sat., 9:30 A.M.— 12:30 P.M.	
NEW BRITAIN Physicians: G. H. Dalton, M.D. R. W. Pullen, M.D.	Board of Health Clinic, New Britain General Hospital, 92 Grand Street.	Syphilis: Women — Mon. and Thurs., 4-5 P. M. Men — Mon. and Thurs., 6-7 P. M.	Gonorrhea: Women — Tues. and Fri., 4-5 P. M. Men — Tues. 6-7 P. M.
NEW HAVEN Physicians: M. J. Strauss, M.D. L. Celentano, M.D. C. Batelli, M.D.	Hospital of St. Raphael 1442 Chapel Street.	Syphilis: Men and Women — Mon., Wed. and Fri., 8:30- 9:30 A. M.; 6:30- 7:30 P. M.	Gonorrhea: Men and Women — Mon., Wed. and Fri., 8:30- 9:30 A. M.; 6:30- 7:30 P. M.
NEW HAVEN Physicians: A. K. Poole, M.D. C. L. Deming, M.D. A. H. Morse, M.D.	New Haven Hospital Dispensary, 789 How- ard Ave. (Special Med- ical Clinic)	Syphilis: Men and Women — Tues. and Thurs., 1-2:30 P. M.	Gonorrhea: Women — Mon., Wed. and Fri., 8:30-10:00 A. M. Men — Mon. and Thurs., 1-2 P. M. (Acute Cases only)
NEW HAVEN Physician: H. C. Miller, M.D.	New Haven Hospital Dispensary, 789 How- ard Ave. (Special Ped- iatric Clinic)	Syphilis: Children under 16 — Thurs., 1-2:30 P. M.	Gonorrhea: Children under 16 — Mon. and Sat., 8:30-10:30 A. M.
NEW HAVEN Physicians: H. A. Levin, M.D. L. L. Maurer, M.D.	Grace Hospital, 1418 Chapel Street.		Urological Clinic (G. C.) Men and Women — Mon. and Fri., 1-2 P. M.
NEW LONDON Physician: John F. Brosnan, M.D.	116 Huntington Street.	Syphilis: Men and Women Mon., 4-5 P. M. Thurs., 6:30-7:30 P. M.	Gonorrhea: Men and Women Mon., 4-5 P. M. Thurs., 6:30-7:30 P. M.
NORWALK Physician: J. O. Burack, M.D.	79 Washington Street.	Syphilis: Men and Women Tues., 9-10 A. M.; 7:30-8:30 P. M. Thurs. 9-10 A.M.; 3-4 P. M.; 7:30- 8:30 P. M. Sat. 9-10 A. M.; 7:30-8:30 P. M.	Gonorrhea: Men and Women Tues., 9-10 A. M.; 7:30-8:30 P. M. Thurs. 9-10 A.M.; 3-4 P. M.; 7:30- 8:30 P. M. Sat. 9-10 A. M.; 7:30-8:30 P. M.
NORWICH Physicians: R. R. Agnew, M.D. D. D. Sussler, M.D.	W. W. Backus Hospi- tal, 326 Washington Street.	Syphilis: Men and Women — Mon. 4-6 P. M. Children 4-5 P.M.	Gonorrhea: Men and Women — Mon. 4-6 P. M.
STAMFORD Physicians: B. S. Weaver, M.D. M. Armstrong, M.D.	Stamford Hospital. Dept. of Health, South Street.	Syphilis: Men and Women — Thurs., 2-3 P. M.	Gonorrhea: Men and Women — Thurs., 2-3 P. M.
WALLINGFORD Physician: J. T. Spignesi, M.D.	37 No. Main Street.	Syphilis Only Men Women and Children — Tues. and Thurs., 2-4 P.M.; 7-8:30 P.M.	
WATERBURY Physicians: H. Stettbacher, M.D. E. Lewicki, M.D.	Chase Memorial Dis- pensary, 43 Field St.	Syphilis: Women and Children — Tues., 9 A. M. Men — Tues., 5:00-6:30 P. M.	Gonorrhea: Women and Children — Tues., 9 A. M. Men — Tues., 5:00-6:30 P. M.
WATERBURY Physician: E. E. Fitzpatrick, M.D.	St. Mary's Hospital Out-Patient Depart- ment, 56 Franklin St.	Syphilis: Men, Women and Children — Mon., 9:30 A. M.	

Treatment Stations

Treatment stations listed below treat indigent syphilitics only. If there is no treatment facility in your community for the care of indigent syphilitics arrangements can be made with your local health officer cooperating with the Bureau of Venereal Diseases, State Department of Health.

ANSONIA	88 Main St.	Oscar Rogol, M.D.
BETHEL	155 Greenwood Ave.	A. J. Trimpert, M.D.
BRANFORD	87 Main Street	Dana L. Blanchard, M.D.
BROAD BROOK		W. J. Doerr, M.D.
CANAAN	Main Street	John R. Elliott, M.D.
CHESHIRE	Main Street	W. J. Moore, M.D.
COLCHESTER	16 Norwich Avenue	I. Friedman, M.D.
CORNWALL BRIDGE	Warren Road	Josephine Evarts, M.D.
DANBURY	158 Deer Hill Avenue	William A. Sunderland, M.D.
DANIELSON	27 Broad Street	A. O. Laakso, M.D.
DARIEN	188 Post Road	A. M. Ross, M.D.
DERBY	77 Oak Ave.	R. H. Edson, M.D.
DURHAM	Main Street	H. Sherwood, M.D.
EAST HARTFORD	27 Wells Avenue	F. W. Brecker, M.D.
FAIRFIELD	133 Reef Road	S. L. Biehn, M.D.
FARMINGTON	Elm Tree Inn	Francis D. Ellis, Jr., M.D.
GRANBY		E. R. Pendleton, M.D.
GROTON	242 Thames Street	C. T. Hewes, M.D.
HAMPTON	Main Street	Arthur D. Marsh, M.D.
LITCHFIELD	80 West Street	J. F. Kilgus, Jr., M.D.
MADISON	Boston Post Road	Milo P. Rindge, M.D.
MANCHESTER	63 Benton Street	D. C. Y. Moore, M.D.
MIDDLETOWN	28 Crescent Street	Jessie W. Fisher, M.D.
MOODUS	Main Street	T. E. Horsefield, M.D.
NAUGATUCK	83 Meadows Street	Vincent Duffy, M.D.
NEW CANAAN	80 South Avenue	Oswald D. Cammann, M.D.
NEWINGTON	866 Main St.	Theodore Sills, M.D.
NEW MILFORD	50 Bridge Street	Howard G. Stevens, M.D.
NEWTOWN	Main Street	Waldo F. Desmond, M.D.
NIANTIC	61 Main Street	F. H. Dart, M.D.
NORFOLK	Greenwoods Rd. West	Frank D. Ursone, M.D.
OLD LYME	Main Street	E. K. Devitt, M.D.
PAWCATUCK	101 West Broad Street	Samuel S. Farago, M.D.
PORTLAND	309 Main Street	Philip E. Schwartz, M.D.
PUTNAM	66 Main Street	Karl T. Phillips, M.D.
REDDING		Kenneth Arevatt, M.D.
ROCKVILLE	70 Prospect Street	D. M. Beckwith, M.D.
SIMSBURY		Owen L. Murphy, M.D.
SOUTHINGTON	Cor. Main & Center Sts.	E. M. Simmons, M.D.
STAFFORD SPRINGS	106 East Main Street	J. Mc. Givens, M. D.
STRATFORD	1960 Main Street	S. H. Levy, M.D.
SUFFIELD	339 Main Street	William Levy, M.D.
THOMPSONVILLE	75 North Main Street	F. F. Simonton, M.D.
TORRINGTON	24 Church Street	J. G. Bienkowski, M.D.
WATERTOWN	429 Main Street	Edwin C. Reade, M.D.
WEST HARTFORD	23 South Main Street	Lawrence A. Cushman, M.D.
WESTPORT	44 Church Lane	J. G. Hart, M.D.
WETHERSFIELD	330 Main Street	Harold A. Howard, M.D.
WILLIMANTIC	672 Main Street	Reuben Rothblatt, M.D.
WINDSOR	18 Elm Street	
WINDSOR LOCKS	4 Oak Street	E. F. Carniglia, M.D.
WINSTED	350 Main Street	J. J. Derwin, M.D.
WOODBURY	Main Street	Howard S. Allen, M.D.

CHAPTER IV

Commitment of Females to the Correctional Institutions of Connecticut

There are three correctional institutions to which delinquent females may be committed by the courts of the state:

- I. Long Lane Farm, a state-maintained school at Middletown.
- II. The House of the Good Shepherd, a state-aided institution at Hartford, for Catholic girls principally, and
- III. The State Farm for Women, a state-maintained institution at Niantic.

COMMITMENTS

Delinquent girls under sixteen years may be committed by the Juvenile Court for the State of Connecticut to (I) Long Lane Farm or (II) the House of the Good Shepherd, on an indeterminate sentence to the twenty-first birthday. The Trustees of the institutions may parole or discharge the girl from care, when they feel she will adjust successfully in the community. Parents may apply to the court for revocation of the commitment, but not more than twice in any one year.¹

Delinquent girls between sixteen and twenty-one years. Unmarried women, between sixteen and twenty-one years, who are found by the Trial Courts to be "in manifest danger of falling into habits of vice or to be leading vicious lives" may be committed to (I) the State Farm for Women or (II) the House of the Good Shepherd (Senior Division) on an indeterminate sentence to the twenty-first birthday.²

In general. Women, over sixteen years of age, convicted of misdemeanors or felonies. All women, married or single, over sixteen years, convicted of a crime, may be sentenced by the Trial Courts to

- I. The County Jails.
- II. The State Farm for Women, if in the opinion of the Trial Court the female offender will profit

¹Sec. 1863, Revision of 1930, Gen. Statutes; Sec. 1864, as amended by Sec. 695c.

²Sec. 1800, Revision of 1930, Gen. Statutes; Sec. 1817, as amended by Sec. 584e.

morally, physically or mentally by such commitment. This shall be an indeterminate sentence up to three years, except where the maximum term specified by the statute for the crime committed shall exceed that period, in which event the maximum term specified by law for the crime shall be the limit of detention and in such cases the Trial Court shall specify the maximum term.

- III. Women convicted of felonies and sentenced to the State Prison shall be committed to the North Building (Prison Unit) at the State Farm for Women.¹

EMERGENCY COMMITMENTS OF FEMALES TO THE CORRECTIONAL INSTITUTIONS

The State Farm for Women

One of the most pressing needs in a program for the control of venereal disease is a place of detention for the women brought in by the local police on vice charges. It is futile to fine or order these women to leave town. In the first instance, they return to their former occupation to earn the money which they borrowed to pay the fine, and in the second instance, they move on to the next city, where they are unknown to the police. Women offenders should be carefully examined before release and every effort should be made to help them to return to proper employment under the supervision of a probation officer or agency.

The State Farm for Women is equipped with full time medical staff and excellent treatment facilities for the care of women suffering from venereal disease. In recognition of the fact that most cities and towns are not equipped to care for women offenders in need of examination and treatment at the police stations or courts, the Trustees of the State Farm for Women have agreed to accept such women on a cooperative basis during the emergency. The commitments by the Trial Courts will remain indeterminate as prescribed by section 1800 below. The authorities at the Farm will accept women for examination, treatment, social investigation and planning, cooperating with the Trial Courts in the release of such women, when they are noninfectious and a proper plan has been made for them. Thus it will be possible to keep these women under supervision of the parole staff of the Farm while they are still in need of guidance and help. See Section 1801, page 33.

¹Sec. 1994, Revision of 1930, Gen. Statutes.

Approximately two hundred women have been accepted at the Farm since this arrangement was entered into and it has proved to be one of the most vital assets in the state program for the control of venereal disease. There is no longer need for hasty decisions in doubtful cases nor should there be any reluctance on the part of the Trial Courts in using the Farm for care of transient women. In the case of the latter, careful social investigation usually discloses the settlement of the women and as soon as the factor of venereal disease has been ruled out, they are returned to their former residence for supervision and care.

The House of the Good Shepherd

The House of the Good Shepherd will accept Catholic girls in need of examination and treatment for temporary detention during the emergency period. They will assist in planning for the return of transient girls to their places of settlement.

Long Lane Farm

Long Lane Farm is a State-supported training school for young delinquent girls in Connecticut. It is primarily an educational institution. Under ordinary circumstances girls are committed to the age of sixteen, after which they are sent under definite charges to the State Farm for Women. Quite often a committing judge may hesitate to commit a girl over sixteen to the State Farm, feeling that the program planned for the younger group is better fitted to meet her needs; or the Superintendent of the State Farm will come to the same conclusion, after the girl has been committed to her care. In either case a transfer to Long Lane Farm can be arranged without delay or red tape. The judge should ask the Superintendents of both institutions to effect the transfer. The original commitment should be sent to the State Farm, a copy to Long Lane Farm with the girl, and the formal transfer will be issued from the State Farm.

Under certain circumstances (See Section 1887 — General Statutes) a girl between sixteen and eighteen can be certified to the Juvenile Court as requiring a commitment to Long Lane Farm, which can then be carried out to the great advantage of the girl herself.

In the present emergency created by war conditions, Long Lane Farm can and will accept girls for temporary detention, when time is required for investigation, or for any reason they must be removed immediately from their

surroundings, and the community has no place provided for their care. While in detention physical examinations will be made and mental tests given when possible. Reports on the above will be made if requested, as an aid to the Courts. In order that the small infirmary not be overtaxed, the period of detention should not exceed two weeks if possible, and girls over eighteen should not be included.

Sec. 1800. Who may be committed. Women over sixteen years of age belonging to any of the following classes may be committed by any court of criminal jurisdiction to said institution: First, persons convicted of, or who plead guilty to, the commission of felonies; second, persons convicted of, or who plead guilty to, the commission of misdemeanors, including prostitution, intoxication, drug-using, disorderly conduct; third, unmarried girls between the ages of sixteen and twenty-one years who are in manifest danger of falling into habits of vice or who are leading vicious lives, and who may be convicted thereof in accordance with the provisions of section 1817. Only such offenders may be committed to said institution as in the opinion of the trial court, will be benefited physically, mentally or morally by such commitment, and, immediately upon commitment, a careful physical and mental examination, by a competent physician, shall be made of each person committed. The court imposing a sentence on offenders of either class shall not fix the term of such commitment. Commitment to said institution shall be made within one week after sentence is imposed, by the sheriff when sentenced by the superior court, and by a police officer when sentence is imposed by any town, city or borough court, but no offender shall be committed to such institution without being accompanied by a woman in addition to the officer. The expenses of such commitment shall be paid as are commitments to other penal institutions in the state. The trial court shall cause a record of the case to be sent with the commitment papers on blanks furnished by the institution. The duration of such commitment, including the time spent on parole, shall not exceed three years, except where the maximum term specified by law for the crime for which the offender was sentenced shall exceed that period, in which event such maximum term shall be the limit of detention under the provisions of this chapter, and, in such cases, the trial court shall specify the maximum term for which the offender may be held under such commitment.

Sec. 1801. Board of parole. Said board of directors shall constitute a board of parole and discharge. Any inmate of the institution may, upon recommendation of the superintendent, be allowed to go on parole in the discretion of a majority of said board of parole under the following conditions: That she is in good physical condition, has ability to earn an honest living, has a satisfactory institutional record, based on the merit system, and a proper home to which she may go, or that suitable employment has been secured in advance by the board of parole. Each person paroled or discharged from said institution shall be given, if the superintendent shall deem it best, suitable clothing, transportation expenses and not more than five dollars. Authority is conferred on said board of parole to establish such rules and regulations as it may deem necessary, setting forth the conditions upon which inmates may be discharged upon parole, and to enforce such rules and regulations and provide suitable supervision by agents of the institution.

CHAPTER V

Digest of Laws Dealing with Prostitution and other Sex Offenses in Connecticut

References are to the General Statutes of Connecticut, Revision of 1930, with Cumulative Supplements through 1943 Session. Unless designated otherwise, all references will be to the General Statutes, Revision of 1930.

I. ACTIVITIES OF EXPLOITER OF PROSTITUTE PROHIBITED

a. KEEPING A HOUSE OF PROSTITUTION.

Secs. 2693 through 2700.

Sec. 6232: Any person who shall keep a house which is, or is reported to be, a house of ill-fame, or which is resorted to, or is reported to be resorted to, for the purpose of prostitution, lewdness, or assignation, or who shall reside in or frequent any such house for such purpose; or who shall keep or maintain a disorderly house, or a house where lewd, dissolute, or drunken persons resort to the disturbance of the neighbors, shall be fined not more than \$100, or imprisoned for not more than six months, or both.

Secs. 6233-6234.

b. OWNING, LEASING OR MAINTAINING A HOUSE OF PROSTITUTION.

(Remedy — Injunction and Abatement Law.)

Secs. 2693 through 2700: Any person who maintains, uses, owns or leases any building or place for the purpose of prostitution, lewdness or assignation, is guilty of maintaining a nuisance, and the building and the ground itself upon which such building is situated together with the furniture, fixtures, musical instruments and contents of any such building so used or resorted to as a public or private place of lewdness, assignation or prostitution, shall be deemed a nuisance. Whenever such nuisance is kept or maintained in any county, the state's attorney of such county, in the name of the State of Connecticut, may or any citizen of the State resident within said county may, maintain an action in the superior court to abate and

prevent such nuisance and to perpetually enjoin the person or persons conducting or maintaining the same, and the owner, lessee or agent of the building or place in or upon which such nuisance exists, from directly or indirectly maintaining or permitting such nuisance. When a temporary injunction shall be prayed for, the court may issue an *ex parte* restraining order.

In case of violation of any injunction or restraint order, the court may summarily try and punish the offender by a fine of not more than \$500 or imprisonment for not more than two months, or both.

If the existence of the nuisance be admitted or established, an order of abatement shall be entered and shall direct the removal from the building or place of all fixtures, furniture, musical instruments and movable property used in conducting and maintaining the nuisance, and shall direct the sale of so much thereof as shall belong to defendant, and shall order the closing of the building or place, and the discontinuance of its use for any purpose, for a period of one year, unless sooner released.

When a permanent injunction is issued against any person, owner or agent of any building, there shall be imposed upon such building and against such persons maintaining such nuisance, a penalty of not more than \$300, to be entered as a tax upon the property and against the persons responsible for such nuisance.

For details of procedure see Statutes themselves.

C. PERMITTING USE OF PLACE OR CONVEYANCE FOR PROSTITUTION.

Sec. 6226.

Sec. 6235: Every owner, mortgagee in possession, or lessee, of any room or tenement, who shall neglect to use all proper means to eject therefrom any person using or permitting, or reputed to be using or permitting, the same to be used for the purpose of prostitution or lewdness, as soon as he lawfully can after notice of such use from an officer of the community; or any such owner, mortgagee in possession, or lessee, or person in charge as agent or otherwise, who shall knowingly let any room or tenement to another for such purpose, or shall knowingly permit the same or any part thereof, while under his control, to be used for such purpose, shall be fined not more than \$500, or imprisoned for not more than six months.

d. RECEIVING PROSTITUTE OR HER CUSTOMER INTO ANY PLACE OR CONVEYANCE FOR PROSTITUTION.

Sec. 6226: Prostitution includes the offering or receiving of the body for sexual intercourse for hire, or the offering or receiving of the body for promiscuous sexual intercourse without hire. Lewdness shall include any indecent or obscene act, and assignation shall include the making of any appointment for prostitution or lewdness or any act in furtherance of such act or appointment. Any person who receives, or offers to receive any person into any place, building, or conveyance for the purpose of prostitution, lewdness, or assignation, or permits any person to remain there for such purpose, or directs, or takes, or offers to direct or take any person to any place or to any person, knowing or having reasonable cause to know that the purpose of the directing and taking is prostitution, or procures or offers to procure or solicit for the purpose of prostitution, lewdness or assignation, or engages in prostitution, lewdness, or assignation, may be fined for a first offense not more than \$100, or imprisoned for not more than six months, or both; for a second offense, be imprisoned not more than one year; and for subsequent offenses, be imprisoned not more than three years.

e. DIRECTING OR TAKING CUSTOMER TO PROSTITUTE OR PROSTITUTE TO CUSTOMER.

Sec. 6226.

f. TRAFFIC IN WOMEN AND GIRLS.

1. *Transporting a Female for Prostitution.**

2. *Pandering or Procuring for Fornication or Prostitution.*

Sec. 6226.

Sec. 6227: Any person who takes, receives, employs, harbors, or uses, or who causes or procures to be taken, received, employed, harbored, or used, any female for the purpose of prostitution; or who by any pretense or device, inveigles, or entices any female into a house of ill-fame or of assignation, or elsewhere, for the purpose of prostitution, or who takes or detains any female unlawfully against her will, with intent to compel her by force, menace, or duress, to marry him or any other person, or detains or attempts to detain any female against her will in any house of prostitution, or elsewhere for the purpose of prostitution, or

* Not made an offense.

knowingly receives or appropriates any money or valuable thing, without legal consideration, from the proceeds of the earnings of any female from prostitution, shall be fined not more than \$1,000, or imprisoned not more than 15 years.

Sec. 6228.

3. *Compelling Fornication with Another and Compulsory Prostitution.*

Sec. 6227.

4. *Living Off Earnings of a Prostitute.*

Sec. 6227.

Sec. 6239: Any person over 16 years, being without labor or other visible means of support, who is maintained, either in whole or part, by the earnings of a dissolute woman, not related to such woman by blood, shall be fined not more than \$500, or imprisoned not more than ten years.

II. ACTIVITIES OF PROSTITUTE OR HER CUSTOMER PROHIBITED

a. SOLICITING FOR PROSTITUTION.

Sec. 6226.

Sec. 6236: All common night-walkers, all common prostitutes, all lewd persons, in speech or behavior, all persons, male or female, who by day or night frequent the streets, highways, or public places, with the intent to entice, or invite anyone to sexual intercourse, shall be fined not more than \$50, or committed to the workhouse for not more than 30 days, or both, and for each subsequent offense, shall be fined not more than \$100, or committed to the workhouse for not more than 120 days, or both.

b. PROSTITUTE GIVING THE BODY FOR PROSTITUTION (WITH OR WITHOUT HIRE).

Sec. 6226.

c. CUSTOMER RECEIVING THE BODY FOR PROSTITUTION (WITH OR WITHOUT HIRE).

Sec. 6226.

d. FREQUENTING, RESIDING IN OR OCCUPYING A HOUSE OF PROSTITUTION.

Sec. 6232.

Secs. 6233-34: Every person frequenting, residing in, keeping or maintaining a house reputed to be a house of ill-fame or assignation, may be required to become bound in a recognizance, for his good behavior; and if he shall neglect to become so bound, and pay the costs of his prosecution, shall be committed to the workhouse, or jail, not more than 30 days, and until such costs shall be paid, and if he shall, within six months thereafter, be again convicted of the same offense, such recognizance shall be forfeited.

Sec. 6357.

e. OCCUPYING OR RESIDING IN ANY OTHER PLACE OR CONVEYANCE FOR PROSTITUTION.

Sec. 6232.

Sec. 6357: Every person who shall act as a bartender, or servant, in a house of ill-fame, which is resorted to for the purpose of prostitution or lewdness, or assignation, or in a house reputed to be a house or place of assignation, shall be fined not more than \$100 or imprisoned not more than six months, or both.

f. ENTERING OR REMAINING IN ANY OTHER PLACE OR CONVEYANCE FOR PROSTITUTION.*

g. ENGAGING IN PROSTITUTION.

Sec. 6226.

III. OTHER SEX OFFENSES PROHIBITED

a. ADULTERY.

Sec. 6223: Any man and any married woman who shall commit adultery with each other shall be imprisoned not more than five years.

Sec. 6230: Every man who shall wilfully abandon or desert his wife, and neglect or refuse to support her, and cohabit and live, either in this state or elsewhere, with another woman, shall be imprisoned not more than three years.

* Not made an offense.

b. FORNICATION.

Sec. 6225.

Sec. 6231: Any person who shall be guilty of fornication, or lascivious carriage or behavior, shall be fined not more than \$100, or imprisoned not more than six months, or both.

c. RAPE.

Sec. 6240: Any person who shall commit the crime of rape upon any female of the age of 16 years, or more, shall be imprisoned in the state prison not more than 30 years; or who shall carnally know and abuse any female under the age of 16 years, shall be fined not more than \$1,000, or imprisoned in the state prison not more than 30 years, or both.

Sec. 6241: Any person who shall, with actual violence, make an assault upon the body of any female, with intent to commit a rape, shall be imprisoned in the state prison, or a jail, not more than 10 years; and any person prosecuted for rape may be convicted of the offense mentioned in this section.

Sec. 6242.

Sec. 6277: Any man who shall carnally know any female under the age of 45 years who is epileptic, imbecile, feeble-minded, or a pauper, shall be imprisoned not more than three years. Every man who is epileptic who shall carnally know any female under the age of 45 years, and every female under the age of 45 years who shall consent to be carnally known by any man who is epileptic, imbecile, or feeble-minded, shall be imprisoned not more than three years.

d. ABDUCTION.

Sec. 6227.

e. SEDUCTION.*

f. SEXUAL DELINQUENCY AGAINST CHILDREN.

Sec. 6225: Any person who shall seduce and commit fornication with any minor female, or who shall entice or take her away from her parent, guardian, or residence, for such purpose, or for the purpose of concubinage, shall be

* Not made an offense.

imprisoned not more than five years and fined not more than \$1,000.

Sec. 6228: Any parent, guardian, or other person having the legal custody or control of any female under the age of 21 years, who consents to her being used, taken, or detained by any person for the purpose of prostitution or sexual intercourse, shall be fined not more than \$1,000, or imprisoned not more than one year, or both.

Sec. 6240.

Sec. 6242: Any person who shall make an assault upon the body of any female, under the age of 16 years, with intent to carnally know and abuse said female, shall be imprisoned not more than 10 years; and any person prosecuted for carnally knowing and abusing any female under the age of 16 years, may be convicted of the offense mentioned in this section.

Examinations.

Act Concerning Venereal Disease Examinations in Vice Cases, effective October 1, 1943

The following "Act Concerning Examinations for Venereal Disease of Persons Accused of Certain Crimes" becomes effective October 1st, 1943. It makes a cooperative plan of action between the Courts and Health Officers of the utmost importance.¹

Section 1. The court before which is pending any case involving a violation of any provision of chapter 328 of the general statutes, shall, before the final disposition of such case, order the examination of the accused person to determine whether or not he is suffering from any venereal disease. If such examination discloses the presence of a venereal disease, the court may make such order with reference to the continuance of the case or the detention, treatment or other disposition of such person as the public health and welfare requires. Such examination shall be conducted at the expense of the state.

Sec. 2. Any person who fails to comply with any order made by any court under the provisions of this act shall be fined not more than one thousand dollars or imprisoned not more than five years or both.

¹Chapter 301—Revision of 1943.

CHAPTER VI

Federal Regulations

An Agreement by the War and Navy Departments, The Federal Security Agency, and State Health Departments on Measures for the Control of the Venereal Diseases in Areas where Armed Forces or National Defense Employees are Concentrated

It is recognized that the following services should be developed by State and local health and police authorities in cooperation with the Medical Corps of the United States Army, the Bureau of Medicine and Surgery of the United States Navy, the United States Public Health Service, and interested voluntary organizations:

1. Early diagnosis and adequate treatment by the Army and the Navy of enlisted personnel infected with the venereal diseases.

2. Early diagnosis and treatment of the civilian population by the local health department.

3. When authentic information can be obtained as to the probable source of venereal disease infection of military or naval personnel, the facts will be reported by medical officers of the Army or Navy to the State or local health authorities as may be required. If additional authentic information is available as to extramarital contacts with diseased military or naval personnel during the communicable stage, this should also be reported.

4. All contacts of enlisted men with infected civilians to be reported to the medical officers in charge of the Army and Navy by the local or State health authorities.

5. Recalcitrant infected persons with communicable syphilis or gonorrhea to be forcibly isolated during the period of communicability; in civilian populations, it is the duty of the local health authorities to obtain the assistance of the local police authorities in enforcing such isolation.

6. Decrease as far as possible the opportunities for contacts with infected persons. The local police department is responsible for the repression of commercialized and clandestine prostitution. The local health depart-

ments, the State Health Department, the Public Health Service, the Army, and the Navy will cooperate with the local police authorities in repressing prostitution.

7. An aggressive program of education both among enlisted personnel and the civilian population regarding the dangers of the venereal diseases, the methods for preventing these infections and the steps which should be taken if a person suspects that he is infected.

8. The local police and health authorities, the State Department of Health, the Public Health Service, the Army, and the Navy desire the assistance of representatives of the American Social Hygiene Association or affiliated social hygiene societies or other voluntary welfare organizations or groups in developing and stimulating public support for the above measures.

The Federal Bureau of Investigation will cooperate with state and local police in vice cases which involve violations of the following provisions:

Federal Statute Regulating Interstate Travel of Venereal Infected Persons

Under an Act of Congress approved February 15, 1893, and amended March 3, 1941, this Statute, which has as its purpose to regulate the interstate travel of persons infected with venereal disease, sets forth rules and regulations which require persons infected with venereal disease who desire to engage in interstate travel to first obtain written permits from the local health officer, indicating in his opinion such travel is not dangerous to the public health, together with other requirements concerning the registration of such individuals with the health authorities at their point of destination.

The essential elements of the offense under the rules and regulations of this Statute are

1. That the individual engaged in interstate travel
2. While infected with venereal disease
3. Without first having obtained a permit from his local health officer to engage in such interstate travel under the amended section of this Statute, the following penal provision was provided:

“Any person violating any provision of this Act or any rule or regulation, made in accordance with this Act, relating to the provision of the introduction of contagious or infectious disease, shall be deemed guilty of a

misdemeanor and subject to arrest and upon conviction thereof to be punishable by a fine of not more than \$500, or imprisonment for not more than one year, or both, in the discretion of the court."

White Slave Traffic Act (Mann Act)

To establish a violation of the White Slave Traffic Act, it is necessary to prove:

1. That a woman or girl was transported in interstate or foreign commerce;
2. That the purpose and the transportation of such woman was prostitution, debauchery or for immoral purposes.

The May Act

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That until May 15, 1945, it shall be unlawful, within such reasonable distance of any military or naval camp, station, fort, post, yard, base, cantonment, training or mobilization place as the Secretaries of War and/or Navy shall determine to be needful to the efficiency, health, and welfare of the Army and/or Navy, and shall designate and publish in general orders or bulletins, to engage in prostitution or to aid or abet prostitution or to procure or solicit for the purposes of prostitution, or to keep or set up a house of ill fame, brothel, or bawdy house, or to receive any person for purposes of lewdness, assignation, or prostitution into any vehicle, conveyance, place, structure, or building, or to permit any person to remain for the purpose of lewdness, assignation, or prostitution in any vehicle, conveyance, place, structure, or building or to lease, or rent, or contract to lease or rent any vehicle, conveyance, place, structure, or building, or part thereof knowing or with good reason to know that it is intended to be used for any of the purposes herein prohibited; and any person, corporation, partnership, or association violating the provisions of this Act shall, unless otherwise punishable under the Articles of War or the Articles for the Government of the Navy, be deemed guilty of a misdemeanor and be punished by a fine of not more than \$1,000, or by imprisonment for not more than one year, or by both such fine and imprisonment, and any person subject to military or naval law violating this Act shall be punished as provided by the Articles of War or the Articles for the Gov-

ernment of the Navy, and the Secretaries of War and of the Navy and the Federal Security Administrator are each hereby authorized and directed to take such steps as they deem necessary to suppress and prevent the violation thereof, and to accept the cooperation of the authorities of States and their counties, districts, and other political subdivisions in carrying out the purposes of this Act: Provided, That nothing in this Act shall be construed as conferring on the personnel of the War or Navy Department or the Federal Security Agency any authority to make criminal investigations, searches, seizures, or arrests of civilians charged with violations of this Act.



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